

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/088840</b>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1									
2									
3									
4									
5									
6									
7									
8		1							
9			1						
10			1						
11				1					
12			1						
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47									
48									
49									
50									
TOTAL IND.			1						
TOTAL DEP.			8						
TOTAL CLAIMS			9						